CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF C					
1-31-00	Fow	er fo	1 Senas	e		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION		
David Fowler				11/9	8	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Ph	one
1502 Gardenhira 54.	Signal M	In	TN	37377	423-8	86-6841
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than (a.) City		State	Zip Code	Ph	one
5. OFFICE SOUGHT (include district number, i	(applicable)	6. NAM	ME OF POLITICA	TREASURER (may be candid	date)
5 tate Sunate, Dist. 7. CATEGORY OR REPORT (Check one)			rge M.			•
7. CATEGORY OR REPORT (Check one)			4	,	,	
PRE-PRIMARY POST-PRIMARY	PRE-GENERAL	_	OST-GENERAL			AMENDED
8.a. BEGINNING DATE OF REPORTING PERIO	DD		ING DATE OF R	EPORTING PER	HOD	
1/1/99		12	-131/99			
This campaign is exempt from detailed tures total \$1,000 or less for this report to file a deand or expenditures total more than \$1.000 or less for this report to file a deand/or expenditures total more than \$1.000 or less for this report to file a deand/or expenditures total more than \$1.000 or less for this report to file a deand/or expenditures total more than \$1.000 or less for this report to file a deand for expenditures total more than \$1.000 or less for this report to file a deand for expenditures total more than \$1.000 or less for this report to file a deand for expenditures total more than \$1.000 or less for this report for this rep	orting period. (Comp tailed financial discl	olete items osure beca	12d., 12e. and 12 use contributions	f.)		
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of candidate.	ons and expenditure swear or affirm that	es required no campa	to be reported by ign contributions I the federal intern	the candidate con have been expen- nal revenue code	mmittee by the ded for the pe	e Campaign
11. SWORN TO AND SUBSCRIBED BEFORE	ME IN THE			D SUBSCRIBED		IN THE
STATE OF TENNESSEE			STATE OF	TENNE	SSEE	
THIS 3D DAY OF January Solve Holcon notary public 8-6-02	1 1000		THIS 3	DAY OF J W Hold notary 8 - 6 = 08	cont	19 2000
date commission expires				date commis	sion expires	The care the
Notary Seal				Notary	Seal	
12. SUMMARY						1,111
a. BALANCE ON HAND LAST REPORT.						4.1
b. TOTAL RECEIPTS THIS PERIOD						
c. TOTAL DISBURSEMENTS THIS PERI						e and ad
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)				\$ <u>/</u> .8	314.64
e. TOTAL LOANS OUTSTANDING					\$	0
f. TOTAL OBLIGATIONS OUTSTANDING	3				\$	0

SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Fowler For Senate	FROM: 1/1/95 TO: 12/31/95						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)\$) రల, జల							
b. Itemized Contributions (over \$100 from each source this period)	\$						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>O</u>						
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 321.56						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 427.56						
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)							
Contidutions/ Kennetials \$ 197.5	7						
Perking/Misc. Expanses \$ 7.3	78						
- Supplied \$ 5.0	0						
\$							
	_						
	_						
	2.00						
Total of Expenditures (\$100 or less each payee)							
b. Itemized Campaign Expenditures (Over \$100 each payee this period)							
c. Itemized Other Expenditures (Over \$100 each payee this period)							
d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a., 19.b. and 19.c.)							
20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.)	\$Z,858.45						
22. IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$							
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	ss						
23.LOANS							
LOANS OUTSTANDING (must be shown in item 12.e.)	sO-						
24. OBLIGATIONS							
Unitemized Obligations Outstanding (\$100 or less each)	\$						
b. Itemized Obligations Outstanding (Over \$100 each)	\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (must be shown i iter	n 12.f.) \$						



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ERING THE PERIOD						
FOW et for Jenate FROM: 1/1/92			TO: 12/31/99				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE	Amount						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CAMPAIGN EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Namer Business, Name Speats, Nowse, Kelman	(b) lliams	Taimburs for upier	590.59				
Address Po Buy 1749		and padage					
Chritter Chritter	State Zip Code JN 37441						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	711	T					
TH State Museum Folm		Inangual Tickets	100.00				
City	State Zip Code) idets					
Nahaillo	TN						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	publican Pathy	Lincoln Day Dinners					
Hami Im Combe Republican Tat of		Contribution; 5pures	1,000.00				
City	State Zip Code	Golf Outing					
Chatta	瓜	000000000					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Nagle Lon Contrary Countries Address		Cust Satin	200.00				
City	State Zip Code						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name Business Name Last Name Toward	Service	Taxes in	257.91				
Address		Total on					
City	State Zip Code	Laterers sur.					
	, , , , , , , , , , , , , , , , , , , ,						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
First Name Last Name@usiness.Name	Middle Name		Amount of Expenditure				
First Name Last Name/Business Name							
First Name Last Name@usiness Name JH Kepnel Licen Fa	Middle Name	Purpose of Expenditure States mens	Amount of Expenditure				
First Name Last NamerBusiness Name JH Lagur Licen Bu Address	Middle Name						
First Name Last Name/Business Name JH Kank Licen Bu Address City	Middle Name State Zip Code TURES						